

Case Number:	CM14-0092130		
Date Assigned:	07/25/2014	Date of Injury:	12/01/1971
Decision Date:	10/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 84 year old female who had a work related injury on 12/01/71. The mechanism of injury was not described. The injured worker continued to complain of ongoing low back and intermittent left lower extremity pain rated 8/10, and weakness. She denied any bladder or bowel dysfunction. Her current medications were Tramadol ER 200mg Opana ER 10mg, Norco 10 325, Lyrica 25mg. She noted these medications were working well for the past month, which allowed her to continue activities of daily living and decrease symptoms by 50%. She denied any side effects. She apparently did water exercise on a regular basis. On physical examination the injured worker was in no acute distress, her gait was slow and antalgic and she ambulated with a cane. Bilateral lower extremities motor showed full strength, left lateral thigh sensation was diminished, and straight leg raise was positive. Her PHQ-9 was 8/27 indicating mild depression. History revealed two lumbar spine surgeries including laminectomy and fusion 1971 and hardware removal 2001. Prior MRI of the lumbar spine dated 06/14/12 revealed evidence of prior surgery; minimal L3-4 anterolisthesis and moderate dextroscoliosis, moderate canal stenosis at L1 through L4, neural foraminal narrowing at all lumbar spine levels and severe at L1-2 through L3-4. These findings were similar to previous MRI. Prior utilization review on 06/03/14 the request for MRI of the lumbar spine was non-certified. The request for Lyrica and Norco was modified to initiate weaning. Current request was for MRI of the lumbar spine and prescriptions of Lyrica 25mg (unspecified quantity) and Norco 10/325mg of unspecified quantity. There was no clinical documentation of VAS scores with and without medication or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation fails to establish compelling objective data to substantiate the presence of neurologic deficit; as such medical necessity has not been established.

1 Prescription of Lyrica 25mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs, Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the patient has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. As such, the request for 1 Prescription of Lyrica 25mg (unspecified quantity), is not medically necessary.

1 Prescription of Norco 10/325mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use: Criteria for Use of Opioids, When to Di.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.